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Total Number of Pages in This Submission

Application Number	10/600,817	
Filing Date	June 20, 2003	
First Named Inventor	Benjamin C. Huter	
Art Unit	3734	
Examiner Name	Kevin Thao Truong	
Attorney Docket Number	ACSES-64851 (2791C)	

ENCLOSURES (Check all that apply)					
Fee Transmit	tal Form	Drawing(s)	·	After Allowance Communication to TC	
Fee A	attached	Licensing-related Paper	s	Appeal Communication to Board of Appeals and Interferences	
Amendment	/ Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
Afte	r Final	Petition to Convert to a Provisional Application		Proprietary Information	
Affid	lavits/declaration(s)	Power of Attorney, Revo		Status Letter	
Extension of	Time Request	Terminal Disclaimer		Other Enclosure(s) (please identify below):	
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Date

**AUGUST 1, 2006** 

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Fees pursuant to the STANS Appropri	stana Aat	2005 /H D 4949)	(	Complete if Known	
			Application Number	10/600,817	
<b>FEE TRANSI</b>	VIII	IAL	Filing Date	June 20, 2003	
for FY 200	16		First Named Inventor	Benjamin C. Huter	
		7.050.4.07	Examiner Name	Kevin Thao Truong	
Applicant claims small entity statu	s. See 3	37 CFR 1.27	Art Unit	3734	
TOTAL AMOUNT OF PAYMENT	(\$)	\$1,730.00	Attorney Docket No.	ACS-64851 (2791C)	
METHOD OF DAVMENT (check of	ll that an	nlu)	<u>-</u>		

METHOD OF PAYMENT (check all that apply)							
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		ee(s) or any und	lerpayments o	f Credit a	ny overpayments	<b>s</b>	
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1. BASIC FILING, SEAR				. ===0	=>/414114	T1011 ===0	
	FILING F	EES Small Entity	SEARCH	1 FEES Small Entity	EXAMINA	TION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	****
Plant	200	100 .	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (include						50	25
Each independent claim ov	ver 3 (includ	ling Reissues)	1			200	100
Multiple dependent claims						360	180
Total Claims	Extra Claim	s Fee (\$)		Fee Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)
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HP = highest number of independant of the second of the se	EE						
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Total Sheets	Extra She		umber of eac	h additional 50 or	fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)				•			Fee Paid (\$)
Non-English specification,		(no small entit	ty discount)				
Other (e.g., late filing surch	narge): Issu	e Fee					\$1,730.00

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Signature	Thus I my	Registration No. (Attorney/Agent)	31,119 Telepho	one 310 824 5555
Name (Print/Type)	THOMA	S H. MAJCHER	Date	AUGUST 1, 2006

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